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# LOS ANGELES COUNTY

## COMMISSION ON HIV HEALTH SERVICES

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*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Committee members.*

*Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote.*

### COMMISSION MEETING MINUTES

#### August 12, 2004

**APPROVED 9/9/04**

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT	OAPP STAFF
Al Ballesteros, <i>Co-Chair</i>	Nettie DeAugustine, <i>Co-Chair</i>	Steven Afriat	Patricia Gibson
Ruben Acosta	Nancy Eugenio	Cinderella Barrios-Cernik	Michael Green
Adrian Aguilar	Alexander Gonzales	Sandra Bible	Raymond Johnson
Carla Bailey	Rebecca Johnson-Heath	Rosalynne Blumenstein	John Mesta
Anthony Braswell	Wilbert Jordan	Donna Brown	Rene Seidel
Mark Briggs	Michael Lewis	Gordon Bunch	Joe Simoneschi
Carrie Broadus	Elizabeth Marte	Elbern Butler	Diana Vasquez
Robert Butler	John Palomo	Cesar Caddez	Juhua Wu
John Caranto	Chris Perry	Dennis Conte	
Charles Carter	Dana Pierce-Hedge	Alex Cuatro	
Ruth Davis	Alexis Rivera	Ed Eldridge	
Richard Eastman	Fontaine Shockley	Alex Garcia	<b>COMMISSION STAFF and CONTRACTORS</b>
Whitney Engeran		Genevieve Clavreul	
Hugo Farias		Mina Gorre	Mitchell Cohen
Gunther Freehill		Thomas Halstead	Virginia Gomez
William Fuentes		Josie Jaramillo	Marc Hauptert
Michael Gray		Robert Kalonian	Jane Nachazel
David Giugni		Mike Kerr	James Stewart
John Griggs		Carol Kim	Craig Vincent-Jones
Charles Henry		Kyron Kopanos	
Marcy Kaplan		Maxine Liggins	
Brad Land/Dean Page		Luis Lopez	
Michael Lewis		David McCoy	
Anna Long		Enrique Navarrete	
Andrew Ma		Ruel Nollado	
Edric Mendia		Michael O'Connor	
Vicky Ortega		Brenda Padilla	
Mark Parra		Natalie Sanchez	
Wendy Schwartz		Walt Senterfitt	
Paul Scott/Richard Hamilton		Karen Sharinsby	
Vanessa Talamantes		Peter Sykes	
Kevin Van Vreede		Maribel E. Ulloa	
Kathy Watt		Steve Varuls	
Starla White		Patricia Woody	
Fariba Younai		Rocio Young	

- I. **CALL TO ORDER:** Mr. Ballesteros called the meeting to order at 9:27 a.m. He welcomed Anthony Braswell and Hugo Farias to their first meeting.
- II. **APPROVAL OF AGENDA:** The agenda was approved with corrections.  
**MOTION #1: Motion passed by consensus.**

III. **APPROVAL OF MEETING MINUTES:** The July 8, 2004 meeting minutes were approved.

**MOTION #2:** *Motion passed by consensus.*

IV. **PARLIAMENTARY TRAINING:** Mr. Stewart had no report.

V. **CO-CHAIRS'S REPORT:**

1. **Annual Report:** Mr. Ballesteros informed the body of the Annual Meeting for November 8 and 9, 2004, with a location still to be determined.

VI. **STATE OFFICE OF AIDS (OA) REPORT:**

1. **State Budget:** Ms. Pierce-Hedge was out-of-town, but Mr. Henry asked to speak to the topic in her place, noting:
  - the final passage of the State budget, with \$27 million in new funds for ADAP;
  - that \$3 million for the Therapeutic Monitoring Program (TMP) was restored; and
  - the revenue enhancement strategies envisioned for Year 14 were largely successful, meaning that the Phase II service reductions do not have to be implemented.
  - Mr. Freehill reported that the Governor cut \$16 million in health and human services funding from the budget, which will impact people with HIV/AIDS. In spite of a successful year for HIV/AIDS-related issues in the budget, inclusion of \$750,000 for HIV/AIDS drug relief for specific non-profit pharmacies was blue-lined.

VII. **STANDING COMMITTEE REPORTS:**

A. **Standards of Care (SOC) Committee:** Report postponed.

B. **Recruitment, Diversity and Bylaws (RD&B) Committee:**

1. **Member Description:** Mr. Butler reminded everyone that anyone interested in continuing on the Commission in its new structure must submit a new application as soon as possible (by early September preferred). He clarified that any member currently applying to be a member is not allowed to be a part of the review of their own application.
  - He explained that the current structure sits until the Board approves this proposed Ordinance changes; the Commission is proposing to the Board is that the new structure is effective starting January 1, 2005. Mr. Vincent-Jones added that we are currently worked with DHS, County Counsel and the CAO to draft the language, but the proposed membership structure has already been presented to the Health Deputies and they have not raised any serious objections.

**MOTION #3:** *Motion passed by consensus.*

C. **Finance Committee:**

1. **Year 15 Planning Council Support Budget:** Mr. Vincent-Jones said it was challenging to draft a Commission budget for eight months hence without the benefit of a full year planning council operation. He then went on to present the proposed planning council support budget for Year 15, noting that it was important to get an idea of expected costs before approving an allocation for it.
  - The largest percentage of the budget is having 9 full-time staff on full salaries. He added that best estimates were included, but estimates were only preliminary since operations have only just begun.
  - He further explained that there is nothing outside of the parameters of Title I funding represented in the proposed budget.
  - In response to questions, he reported that the Executive Office's greatest contribution to planning council was in the form of services and resources, rather than what is reflected by direct and indirect Executive Office expenses in the budget.
  - As a portion of the current award, the proposed Year 15 budget represents 4% of the total award. As a result, the Finance Committee forwarded a recommendation for a 4% allocation for Planning Council Support.

**MOTION #4:** *Motion passed by consensus.*

D. **Priorities and Planning (P&P) Committee:**

1. **Year 15 Priority- and Allocation-Setting Process:** Mr. Land thanked the P&P Committee members, the Finance Committee, OAPP, Partnership for Community Health (PCH), and the Commission staff for their hard work in pulling this information together.

- Dr. Long began the presentation by describing the priority- and allocation-setting framework, and the process the P&P Committee engaged to generate the accompanying recommendations.
- Mr. Van Vreede next presented brief descriptions and summaries of the currently funded services categories.
  - In response to questions, Mr. Henry reported that the daily rate scheduled for Year 15 established by the Mercer rate study is \$140; currently, hospice care is reimbursed at \$425 per day.
  - He also said that the client-level data system is being continuously improved. He went on to say that there are currently eight different databases, but a three-year process to standardize and centralize client data collection into one database will be concluded by the end of the calendar year. Similarly, he expected that all systems would be upgrade to Casewatch. He expressed confidence, however, in the unduplicated client numbers. He added that the system is not currently mature enough to fully account for service units and/or detect gaps in the information.
  - Since contracted numbers were different from actuals in several primary healthcare categories, Mr. Ballesteros asked if we have modified contracts to correspond with experience, how many visits it takes for an average client to reach a minimum standard of care, and if requires “moving the bar” on the contracts. Mr. Henry responded that such actions are not universal, but they are considerations..
  - Ms. Broadus expressed concern that since ethnic special populations tend to access care later in the disease progression, the Commission should be considering factors around specialty care for the sicker clients. Ms. Broadus also asked if unspent dollars, such as in substance abuse, represented uncompensated care and over-compensated care in certain service categories. Mr. Henry responded that substance abuse services were reimbursed on a fee-for-service basis, so that unspent funds did not represent uncompensated care. He added that in that particular situation, there are other funding sources and unspent dollars result because those other funding sources do not make their financial commitments until the end of the fiscal cycle. Mr. Vincent-Jones added that the P&P Committee has and continues to review underspending patterns.
- Dr. Cohen followed with a presented detailing the needs assessment data. He began by reiterating appreciation for those who had been involved. He went on to describe preliminary findings from the HIV Care Assessment Project (H-CAP), and as H-CAP progresses, data will become even more reliable and useful.
- Ms. Watt presented on the paradigms and operating values that P&P Committee used to define decision-making in the process.
- Mr. Land returned, and reported on the three scenarios for which priorities set and allocations determined: 1) increased funding, flat funding, or a decrease up to 4.9%, 2) a decrease from 5% - 9.9%, and 3) a decrease of 10% or more. He went on to describe how the Committee decided to rank service categories this year, and re-prioritized the rankings in each of the three scenarios.
- The next presentation, describing the proposed allocations in each of the three scenarios, was presented by Mr. Land, Mr. Ma and Ms. Bailey.
- Mr. Ballesteros reviewed proposed Motions #5 – 10 for benefit of the Commissioners and audience.
  - Ms. Broadus expressed concern that consolidation of psychosocial and psychiatric mental health services consolidated would undermine effectiveness and/or implementation of peer support services. Ms. Kaplan was concerned that consolidation of the two categories would mean that all clients receiving mental health services would have to be screened by psychiatrists, adding that it might be establishing a model of care that the Commission is not prepared to accept.
  - Mr. Vincent-Jones explained that consolidating two service categories for purposes of prioritization does not necessitate that all services in the service category are the same. That, he added, was a standards of care issue.
  - Ms. Broadus responded that that if the priorities were passed in this format, the SOC Committee should address the issue to ensure that there aren’t any unintended consequences. Mr. Henry asserted that nothing the P&P Committee proposed would result in any modifications to the standards of care. He added that all medical outpatient providers are required to make psychiatric services available, but are not required in every medical outpatient or mental health appointment. Mr. Van Vreede proposed changing “psychosocial” with “psychological”.

**MOTION #5: *Motion passed with corrections.***

- In response to a question, Mr. Vincent-Jones explained that Program Support includes activities such as training and education, capacity building, service category certifications, and data management.

**MOTION #6: *Motion passed by consensus.***

- Mr. Engeran recommended new wording for the motion: “Approve a Year 15 Minority AIDS Initiative (MAI) allocation of 79% for Medical Outpatient, 14% for Case Management, Psychosocial, and 2% Oral Health, consistent with plans to form a workgroup to review, assess and plan for future MAI allocations, expenditures and evaluation.”

**MOTION #7: *Motion passed with corrections.***

**MOTION #8: *Motion passed by consensus.***

**MOTION #9: *Motion passed by consensus.***

- In response to questions, Mr. Land responded that the motion allows OAPP to reallocate underspent funds without have to bring every decision back to the P&P or Finance Committees. Mr. Vincent-Jones concurred, explaining that the Commission was handing over certain re-allocation authority to the administrative agency, within certain parameters, but that the Commission could set any limits it wants in the future, and it allows the administrative agency to make more responsible underspending decisions.
- Mr. Henry added that reallocating underspending challenges the administrative agency’s ability to ensure 100% of the Title I and II funds are spent annually. The motion, he suggested, provides flexibility to make adjustments because not every service category can spend 100% of their funds every year.
- Ms. Broadus motioned a postponement of this item, feeling it was not clear whether this motion helps understand the dollars contributed to HIV services; Ms. Watt seconded the motion. After more discussion, Ms. Broadus withdrew the motion. Mr. Lewis suggested an amendment to the motion: “. . . as long as the result is not a reallocation of other funding from that category.”

**MOTION #10: *Motion passed with corrections.***

**E. Joint Public Policy (JPP) Committee:**

1. **Names-Based HIV Surveillance Community Education Forums:** Mr. Engeran reported that JPP will host two community education forums, September 14 and 15, 2004 to educate the public about names-based HIV reporting and the Commission’s recent policy in favor of it.
  - Mr. Bunch, Director of the HIV Epidemiology Program, reported that the Los Angeles County Public Health Commission voted unanimously earlier in the day to support names-based HIV reporting. In response to questions, Mr. Bunch reported that it takes about twice as much time to report an HIV case as it does an AIDS case (code-based vs. name-based). In terms of code-based performance, one of the criteria must be that less than 5% faults are non-matches to the database.
2. **Proposed By-law Modification:** Mr. Engeran reported in accordance with By-Law requirements, JPP was publishing a proposed change to the By-laws, to be voted on at the next Commission meeting, that will return the JPP Committee back to solely a Commission Committee: if you delete the terminology related to “Joint” and “Select Committee on Prevention Planning” from Article 8, Section 8, Part IV, it would create a free-standing Public Policy Committee of the Commission.
3. **Year 14 Title I Cuts:** The Freedom Of Information Act (FOIA) request, response and resulting report from Commission staff was provided for information.
4. **Commercial Sex Venue (CSV) Guidelines:** Mr. Ballesteros thanked Carol Kim, Assistant Health Deputy from the Third District, and Dr. Schunhoff, from Public Health, for attending. Mr. Engeran gave a presentation on the proposed Commercial Sex Venues motion from the JPP Committee.
  - Mr. Stewart explained the voting process: reviewing each item independently, discussing it separately, amend or remove it, if necessary. Once all items are reviewed in their entirety, the Commission will vote on the entire document motion, as amended, in a single vote.
  - Dr. Schunhoff was asked to speak to Public Health’s proposed Ordinance changes and guidelines. He said he thought that the Department’s proposal represented a reasonable approach to regulations within the bathhouse industry. He commented that while they appreciated the JPP Committee’s endorsement of the regulations, Public Health felt they were so many complaints/suggestions that they overwhelmed support for the document. He suggested that the Commission focus on those issues that it felt were the most important prevention efforts and try to make things work as regulations.
  - Ms. DeAugustine was absent, but left her comments in writing. Mr. Vincent-Jones read them: she felt that the guidelines and proposed Ordinance changes, as proposed by DHS, are fair and thorough. There were several details that concerned her, though. 1) Counseling and testing services should be available at the CSVs, but the details need more discussion; any testing in these venues should have a strong quality control component, and she felt that the decision who provides the testing services does not fall within the

Commission's purview. 2) The prevention education component offered to staff of CSVs should be continued and enhanced. 3) She did not feel that the inspection responsibility ensuring CSV compliance was a role for community groups or organizations; it is the responsibility of the County, after having developed the appropriate standards.

- Mr. Henry asserted that the Commission, as a Title I planning council, is entirely financed through Federal funds. He went on to say that the Commission's involvement with the CSV guidelines constituted advocacy work which might not be consistent with receipt of Federal funds. He also felt that the Commission should focus on the planning questions first, noting that he did not feel that the issues that have been raised relate to the Comprehensive Care Plan. Last, since the Commission does not allocate funds for counseling and testing, he asked how input on the CSV guidelines related to the Commissions priorities and allocations. Mr. Henry also re-emphasized that public testimony from an agency funded by OAPP for some prevention activity within commercial sex venue, those comments do not reflect official OAPP or DHS perspectives.
- Ms. Watt asked if it was the Commission's role to discuss these issues. In response, Mr. Butler reminded the body of the language in the Ordinance, which stipulates that one of the Commission responsibilities is to advise the Board of Supervisors on HIV-related issues. He added that legislation dictates that the planning council is, first, responsible to the local jurisdiction's policies and mandates. He added that prevention—especially counseling and testing—was an integral part of the Primary Healthcare Core in the Continuum of Care that the Commission prompted by the Strategic Planning Process.
- Ms. Broadus suggested that if it's true that Federal funding is restricted, then the Commission should access some Net County Costs (NCC) for policy work. She suggested the Executive Committee discuss it at their next meeting as a mechanism to ensure the Commission provides sound HIV/AIDS-related advice to the Board of Supervisors.
- With the Chair's permission, Mr. Stewart called out each item for any discussion:

**Recommendation #Ia:** Ms. Broadus asked why only gay and MSM sites were targeted—do only men who have sex with men frequent CSVs? Dr. Schunhoff responded that the discussion began for two reasons: 1) the Bathhouse study, and 2) surrounding syphilis increases among MSM. He added that the way the Ordinance is written, if establishments meet certain criteria, they will be included. Mr. Henry said the Ordinance recommendations were crafted by County Counsel, and suggested the Commission contact County Counsel to address its concerns in the Ordinance language.

**Recommendation #Ib:** Mr. Henry said he agreed with County Counsel's language rather than the language suggested by JPP, and, once again, suggested contact with County Counsel. He additionally suggested the Commission was not operating from evidence, and recommended that the planning council use its planning tools to address these types of questions.

**Recommendation #Ic:** Ms. Watt motioned to postpone this for a month in order to invite County Counsel, PPC, and other parties to the September meeting to discuss it further; Ms. Broadus seconded the motion. After discussion, Ms. Watt withdrew the motion as many on the Commission felt that its decisions on the issues needed to be moved forward.

**Recommendation #Id:** Dr. Schunhoff said the particular recommendation did not make sense, since there were no other appropriate permitting categories. Mr. Engeran asked unanimous consent to remove this item from the motion, and the Commission agreed.

**Recommendation #Ie:** There was no additional discussion.

**Recommendation #IIa:** Mr. Henry expressed concern that the issue was contradictory to current funding requirements. Ms. Broadus that Commission needed to think about how to integrate care treatment and prevention, and make it a priority in terms of funding.

**Recommendation #IIb:** There was no additional discussion.

**Recommendation #IIc:** Mr. Engeran noted that Drs. Fielding and Schunhoff, at multiple opportunities, have indicated that the DHS has no interest in compiling the names of people who are patronizing commercial sex venues. Mr. Whitney asked for unanimous consent to remove section IIc.

**MOTION #11a: Motion failed.**

**Recommendation #IId:** There was no additional discussion.

**Recommendation #IIe:** There was no additional discussion.

**Recommendation #IIf:** There was no additional discussion.

**Recommendation #IIg:** Mr. Mendia made a motion to add the following stipulation to any amendment by the Health Officer to the CSV guidelines: a formal process, including a presentation to an advisory

committee, with opportunities for community feedback and an opportunity for appeals, be established to govern future modifications.

**MOTION #11b:** *Motion passed by consensus.*

**MOTION #11c:** *Motion passed.*

- Ms. Broadus substituted new language for Motion #11.

**MOTION #11:** *Motion passed as amended.*

- XI. **OAPP REPORT:** offered earlier as part of the State Office of AIDS report (see Agenda Item #VI).
- XII. **PREVENTION PLANNING COMMITTEE (PPC) REPORT:** Report postponed.
- XIII. **DIRECTOR'S REPORT:** Report postponed.
- XIV. **PUBLIC COMMENT, NON-AGENDIZED:**
- Ms. Blumenstein, Therapy2Go, was impressed with the Commission's presentation(s), and expressed her interests in addressing the needs of clients at agencies without mental health funding.
  - Ms. Gorre from AIDS Healthcare Foundation expressed concern about consolidating medical outpatient, specialty, nutritional services and treatment adherence into one category. She asked that the community be given the opportunity to review and comment on the decision.
  - Mr. Senterfitt said he was representing two organizations: Being Alive Los Angeles and Southern California HIV/AIDS Advocacy Coalition (SCHAC), noting both organizations' concerns that the Commission voted for non-names-based HIV reporting. He made three suggestions: 1) Include an opposing view on the community education forum panel; 2) one forum be offered in Spanish and oriented to Spanish-speaking consumers; and 3) the forums include materials opposing the Commission's decision.
  - Mr. Senterfitt, speaking on his own behalf, also thanked the Commission for being very sensitive to all CSV-related concerns. He addressed two issues: 1) the bathhouse venues are of central importance to HIV transmission in the community, as they are a way to reach people who might not otherwise access testing and counseling services; 2) bathhouse owners should not have to pay for counseling and testing services, as it is a valid, appropriate and cost-effective County expenditure.
  - Mr. Campbell, President of Mid-Town Spa, thanked the Commission for considering this CSV motion. His primary concern was that, according to the proposed guidelines, the County Health Officer can change the guidelines without any other input. Mr. Campbell suggested a review and community input process for any changes to the guidelines.
  - Mr. Cadavez coordinates the Commercial Sex Venue Initiative Prevention Education Program and noted that it is important to stay focused on the affirmative impact that efforts in CSVs can have on people who frequent them.
  - Mr. Afriat represents a consortium of 9 out of 11 CSV owners in the County and City of Los Angeles. Their concerns are ascribing blame to the CSV owners in the Ordinance. They also feel that there is so much free testing in the county, that it is unnecessary to impose the cost of testing on the CSV owners. Last, if the venues are no longer safe places, patrons will no longer have access to the prevention efforts you can offer in the venues.
- XV. **COMMISSION COMMENT, NON-AGENDIZED:**
- Mr. Engeran remarked on the P&P Committee's excellent work.
  - For the record, Mr. Henry noted that there were two recommendations (in the accompanying memo detailing priority- and allocation-setting recommendations) attributed to OAPP that were not accurate:
    - **Recommendation #4:** combining psychiatric and psychological mental health service categories was not an OAPP recommendation. OAPP recommended that psychiatric services be clustered with medical outpatient services.
    - **Recommendation #7:** combining treatment adherence services with medical outpatient services was not an OAPP recommendation.
- XVI. **ANNOUNCEMENTS:**
- Mr. Eastman distributed a copy of the resolutions made from LA Medical Marijuana Task Force that was forward to the Board of Supervisors. He also asked for a moment of silence for Barbara Cleavor Tilsner, 66, who had just passed away: she was the co-founder of Help Mothers With Aids.
- XVII. **ADJOURNMENT:** The meeting adjourned at 4:50 p.m.

<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION #1:</b> Approve the Agenda Order.	<i>Passed by Consensus</i>	<b>Motion Passed</b>
<b>MOTION #2:</b> Approve the minutes of the July 8, 2004 Commission on HIV Health Services meeting.	<i>Passed by Consensus</i>	<b>Motion Passed</b>
<b>MOTION #3:</b> Approve the new Commissioner Job Description, as presented.	<i>Passed by Consensus</i>	<b>Motion Passed</b>
<b>MOTION #4:</b> Approve a Planning Council Support budget equal to 4% of the total Year 15 Title I award. If the Year 15 award constitutes a reduction of 5% or more, the Commission agrees to review the Planning Council Support budget allocation for further, possible reductions.	<i>Passed by Consensus</i>	<b>Motion Passed</b>
<b>MOTION #5:</b> Approve all three categories with modifications on item #2; replace the word “psychosocial” with “psychological”.	<i>Ayes: Acosta, Aguilar, Bailey, Ballesteros, Braswell, Broadus, Butler, Caranto, Carter, Davis, Eastman, Engeran, Farias, Fuentes, Briggs, Gray, Griggs, Kaplan, Land, Lewis, Long, Ma, Ortega, Parra, Schwartz, Hamilton, Talamantes, Van Vreede, Watt</i> <i>Abstentions: Mendia</i>	<b>Motion Passed</b> <b>Ayes: 29</b> <b>Opposed: 0</b> <b>Abstentions: 1</b>
<b>MOTION #6:</b> Approve an allocation of 5% for Year 15 Program Support, consistent with plans to form a workgroup to review, assess and plan for Program Support expenditures and evaluation.	<i>Ayes: Aguilar, Bailey, Braswell, Ballesteros, Broadus, Butler, Caranto, Carter, Davis, Eastman, Engeran, Farias, Fuentes, Briggs, Gray, Griggs, White, Kaplan, Land, Lewis, Long, Ma, Mendia, Ortega, Parra, Schwartz, Hamilton, Talamantes, Van Vreede, Watt</i>	<b>Motion Passed</b> <b>Ayes: 30</b> <b>Opposed: 0</b> <b>Abstentions: 0</b>
<b>MOTION #7:</b> Approve a Year 15 Minority AIDS Initiative (MAI) allocation of 79% for Medical Outpatient, 14% for Case Management, Psychosocial, and 2% Oral Health, consistent with plans to form a workgroup to review, assess and plan for future MAI allocations, expenditures and evaluation.	<i>Ayes: Acosta, Bailey, Ballesteros, Braswell, Broadus, Butler, Carter, Davis, Eastman, Engeran, Farias, Fuentes, Briggs, Gray, Griggs, White, Kaplan, Land, Lewis, Long, Ma, Mendia, Ortega, Parra, Schwartz, Hamilton, Talamantes, Van Vreede, Watt</i>	<b>Motion Passed</b> <b>Ayes: 29</b> <b>Opposed: 0</b> <b>Abstentions: 0</b>
<b>MOTION #8:</b> Adopt the implementation of service allocations in accordance with the adopted rate studies.	<i>Ayes: Acosta, Aguilar, Bailey, Ballesteros, Braswell, Broadus, Butler, Caranto, Carter, Davis, Eastman, Engeran, Farias, Fuentes, Briggs, Gray, Griggs, White, Kaplan, Land, Lewis, Long, Ma, Mendia, Ortega, Parra, Schwartz, Hamilton, Talamantes, Van Vreede, Watt</i>	<b>Motion Passed</b> <b>Ayes: 31</b> <b>Opposed: 0</b> <b>Abstentions: 0</b>
<b>MOTION #9:</b> Approve the allocations in each of the three funding scenarios, as presented, consistent with the priorities established by the Priorities and Planning (P&P) Committee.	<i>Ayes: Acosta, Aguilar, Bailey, Ballesteros, Braswell, Broadus, Butler, Caranto, Carter, Davis, Eastman, Engeran, Farias, Fuentes, Briggs, Gray, Griggs, White, Kaplan, Land, Lewis, Long, Ma, Mendia, Ortega, Parra, Schwartz, Hamilton, Talamantes, Van Vreede, Watt</i>	<b>Motion Passed</b> <b>Ayes: 31</b> <b>Opposed: 0</b> <b>Abstentions: 0</b>

<b>MOTION AND VOTING SUMMARY</b> <i>(continued . . .)</i>		
<b>MOTION #11a:</b> Approve to remove Item IIc.	<i><b>Ayes:</b> Broadus, Engeran, Farias, Griggs, Lewis, Schwartz <b>Opposed:</b> Ballesteros, Braswell, Giugni, Gray, Kaplan, Land, Mendia, Parra, Talamantes, Watt <b>Abstentions:</b> Acosta, Aguilar, Bailey, Caranto, Carter, Eastman, Long, Ma, Hamilton, Van Vreede</i>	<b>Motion Failed</b> <b>Ayes: 6</b> <b>Opposed: 10</b> <b>Abstentions: 10</b>
<b>MOTION #11b:</b> Amend recommendations with the following language: A formal process, including presentation to an advisory committee, with opportunities for community feedback and an opportunity for appeals, be established to govern future modifications to the proposed guidelines.	<i><b>Ayes:</b> Acosta, Aguilar, Bailey, Ballesteros, Braswell, Broadus, Butler, Caranto, Carter, Davis, Eastman, Engeran, Farias, Fuentes, Giugni, Briggs, Gray, Griggs, White, Kaplan, Land, Lewis, Long, Ma, Mendia, Ortega, Parra, Schwartz, Hamilton, Talamantes, Van Vreede, Watt</i>	<b>Motion Passed</b> <b>Ayes: 32</b> <b>Opposed: 0</b> <b>Abstentions: 0</b>
<b>MOTION #11c:</b> Add the following as a recommendation for the CSV guidelines: In order to amend guidelines, add a formal process, including a presentation to an advisory committee, with opportunities for community feedback and an opportunity for appeals, be established to govern future modifications.	<i><b>Ayes:</b> Acosta, Aguilar, Bailey, Ballesteros, Braswell, Broadus, Caranto, Carter, Eastman, Engeran, Farias, Giugni, Gray, Griggs, Kaplan, Land, Lewis, Ma, Mendia, Parra, Schwartz, Hamilton, Talamantes, Van Vreede, Watt <b>Abstentions:</b> Long</i>	<b>Motion Passed</b> <b>Ayes: 25</b> <b>Opposed: 0</b> <b>Abstentions: 1</b>
<b>MOTION #11:</b> Approve the proposed Ordinance change and guidelines governing Commercial Sex Venue (CSV) operation, and forward the concerns and issues raised during Joint Public Policy planning meetings and community forums to the appropriate bodies (e.g., the Board of Supervisors, Los Angeles County Counsel, and the Department of Health Services). <i>(Amended version)</i>	<i><b>Ayes:</b> Acosta, Aguilar, Bailey, Ballesteros, Braswell, Broadus, Caranto, Carter, Eastman, Engeran, Farias, Giugni, Gray, Griggs, Kaplan, Land, Lewis, Ma, Mendia, Parra, Schwartz, Talamantes, Van Vreede, Watt <b>Abstentions:</b> Long</i>	<b>Motion Passed</b> <b>Ayes: 24</b> <b>Opposed: 0</b> <b>Abstentions: 1</b>